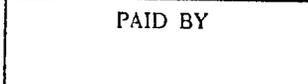


U. S. Cost Reimbursable -  STATINTL
 (Department, bureau, or establishment)

Voucher prepared at Los Angeles 45, California November 14, 1955
 (Give place and date)

THE UNITED STATES, Dr., Payee's Account No. 578

To The Ramo-Wooldridge Corporation
 (Payee)
8820 Bellanca Avenue Los Angeles 45, California
 (Address) (City) (State)

PAID BY

SAPC 2670
COPY 1 OF 3

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				21,377.52	✓

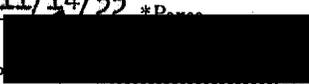
PAYMENT:
 Complete
 Partial
 Final

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total 21,377.52 ✓

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

STATINTL (Sign original only)
 Date 11/14/55
 P.  T. 

Differences _____
 Amount verified; correct for 21,377.52
 (Signature or initials)

Contract No. A101 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ 21,377.52 STATINTL 12/20/55 STATINTL
 (Authorized Certifying Officer)

By  SIGN ORIGINAL ONLY
 Title Authorized Certifying Officer

Title Contracting Officer Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

APPROVED: STATINTL


 Approving Officer

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in favor of payee named above.
 { Cash, \$ _____, on _____, 19____, Payee _____ }
 (Sign original only)

CONTINUATION SHEET

U. S. Cost Reimbursable - [REDACTED] Sheet No. 1 of Bureau Voucher No. 116
 (Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN-TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
STATINTL		<u>PAYROLL</u> <u>SYSTEM II</u>					
		Direct Labor Costs properly chargeable to Contract A101 for the period 10-31-55 thru 11-6-55				STATINTL	
		Week Ending 11-6-55				[REDACTED]	
		Overhead computed at interim rate of [REDACTED]				[REDACTED]	
		Total Labor and Overhead				<u>21,377.</u>	<u>52 ✓</u>